PTO/SB/82 (04-05)

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## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number

// / 775,697

Filing Date

Feb. // / 2004

First Named Inventor

Art Unit

Examiner Name

Attorney Docket Number

// Application Number

//

A Power of Attorney is submitted herewith.  OR  I hereby appoint the practitioners associated with the Customer Number:					
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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature Signature					
Name	me Xiaoda (Richard) Xiao				
Date		Jan. 18, 2006 Telephone 413-253-7456			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
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